



ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 1/2    | 4/14/01  |
| FORMALITY REVIEW          | TL       | 001    | 05/21/01 |
| RESPONSE FORMALITY REVIEW | M.H.     | 102    | 08-13-01 |

INDEX OF CLAIMS

- ..... Rejected N ..... Non-elected  
..... Allowed I ..... Interference  
(Through numeral)... Canceled A ..... Appeal  
..... Restricted O ..... Objected

| Claim    | Date |
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| Final    |      |
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| Claim    | Date |
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| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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25-612  
8-14-01